TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. ours after deoth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24. Poge 4 may be retained by the haspital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ttem 8 Film 6385 1/24/67 mh

01302			CERTIF	ICATE	OF DEATH		01	299
1. PLACE OF DEATH o. COUNTY	omerset		MARY	/LAND	o. STATE Mary	there deceosed lived, if institution Land b. COUNTY		ore odmission)
b. CITY OR TOWN write RURAL o	(If outside corporate limits, indigive negrest town) Champ	c.	LENGTH OF STAY 1	N 1b	c. CITY OR TOWN (If our Champ	tside corporote limits, write RURAL	ond give neor	9.1
d. NAME OF HOSI	PITAL OR INSTITUTION (If not	in hospitol, give	street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs He rman			oods	worth	4. DATE Month OF DEATH January	11,	Year 19 67
s. SEX male	6. COLOR OR RACE white	7. MARRIED X	NEVER MARRIED DIVORCED		ov. 3, 1/9		Months Doys	
100. USUAL OCCUPATION of working most of working Farmer	ON (Give kind of work done ng life, even if retired)	10b. KIND INDUS	OF BUSINESS OR TRY			& Stote, or foreign country) Co., Maryland	12. CITIZEN COUNTRY	
13. FATHER'S NAME	loodsworth				14. MOTHER'S MAIDEN N			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SOCI	IAL SECURITY NO.		NFORMANT	Address Bloodsworth,	Chamr	Md.
Conditions, if on the total media storting the unlost.	ote couse (o), derlying couse DUE	Myoce o b) coror	ardial :	teri	osclerosi			years years years years
OR CONTRIBUTI	VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port II of item 18.)		YES NO E
20c. TIME OF I	NJURY Month, Doy, Yeor	20d. INJUR While of work	Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
saw the	rtify that (1) (this has deceased alive an	ital) attended L-10-67	the deceased	fram and that	1955 , 1 death accurred at	9, ta_ 1 67 2:30 MM ram causes ar	nd an the d	ate stated above
220. SIGNATU	Inott.	Just	(C)	Q M.E	111101	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG	
22 PHYSICIA NAME (TY	Everett	Sutter	·MD		Dames (Quarter, Md.		
230. BURIAL, CREMA			23c. NAME OF CEM Grace E				, Some	rset Co.
21. FUNERAL DIREC	TOR	in :	Princes	s Ar	ne, Ma DATE JA		STRAR'S SIGNAT	

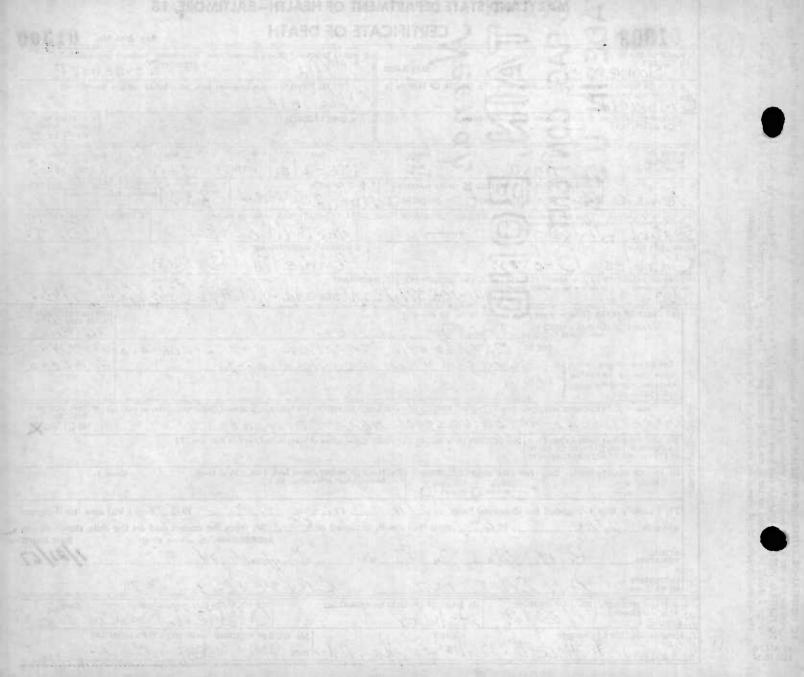
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CERTIFICATE OF DEATH 01300 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Domense b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pegrest town) riskield d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE First Middle Month Year DECEASED osa DEATH (Type or print) 1960 6. COLOR OR PACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Doys WIDOWED [7] 100. USUAL OCCUPATION (Give told of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, eyen if retired) 13. FATHER'S NAME row roxxn WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 36 HRS IMMEDIATE CAUSE (a) Conditions, if ony, which 161LUNGS (PRIMARY UHKNOWN) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? HYPERTENSIVE ARTERIOSCLEROT HEART DISEASE YES NO V 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) Not while factory, street, affice bldg., etc.) Hour o. m. at work of work p. m. 21. I certify that I attended the deceased fram.__ 19_____, 19_67, that I last saw the deceased 1967, and that death occurred as 57 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23 FUNERAL DIRECTOR'S, SIGNATURE 240. REC'D BY REGISTRAN 24b. REGISTRAR'S SIGNATURE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours ofter deoth.

Page 4 moy be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01304

CERTIFICATE OF DEATH

01201

		X										
		LACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deceased live		ian: Residence l		
	(. COUNTY SC	omerset		MAR	LAND	o. STATE Mar	yl and	b. COUN	Som	erse	t
	ŀ	. CITY OR TOWN (If au	itside carparate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside carparate limi	s, write RUR			
		write RURAL and give	e-negrest tawn)	L	fe 4/1/4	ys ·	Cri	sfield			19.1	/
18	(. NAME OF HOSPITAL O	OR INSTITUTION (If nat	in haspital, giv	e street address)		d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
		McCre	eady Memo	rial !	Hospital		RFD	Johnson's	Cree	k Rd.		NO 🔀
		IAME OF	First		Middle		Last	4. DATE	Mant	h		Year
ı	(ECEASED Type or print)	Mau	de	S.		Justice	OF DEATH	Jan			967
ı	S. S	EX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9. AGE	(In years birthday) yrs.	Manths Do	AR IF UND	DER 24 HRS. Min.
١	Fe	male	White	WIDOWED [DIVORCE		Jan. 20, 189	91 75	Yrs.			144111.
	10a.	USUAL OCCUPATION (Gi	ve kind af wark dane	10b. KINE	OF BUSINESS OR		11. BIRTHPLACE (County &		untry)	12. CITIZE	N OF WHAT	
	H	ng mast af working life, OUSEWITE	even n remed)	N.	one one		Crisfield,	, Md.		USA	KI:	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	L	. William	Sterling				Melissa Di	ize				
53	15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. 1	NFORMANT	He Co. II.	Addre	SS		
	, N	O (III)	ves give war ar dates af s	212	-10-4698	05	car S. Justi	ice, Jr.,	Cris	field,	Md.	
		1B. CAUSE OF DEATH	f (Enter anly one cause								INTERVAL E	
		PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (a	Tot	in My	rea	ditisi			1	ONSET AND	Esus
		3311	DUE TO			0					2. 1	
		Canditians, if any, wh		1 les	nend 1	new	moria			0	14 h	rece
		nise to immediate co stating the underlying		b	1111		1			-	-	
1		last.) (c	(Cera	Irol Va	scul	on accide	nt		/	we	le
	2	PART II. OTHER SIGNII	FICANT CONDITIONS CON	NTRIBUTING TO	DEATH BUT NOT RE	ATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN P	ART 1(a)		19. WAS AT	UTOPSY RMED?
1	A	Disbrite	a melle	tree (Letteritia						YES 🗌	NO 🔀
	CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING □	DERLYING	20b. DESC	RIBE HOW INJURY O	CCURRED.	Enter nature af injury in F	Part I ar Part II af	tem 18.)			
	5	(IF EITHER, NOTIFY MED										
	MEDICAL	20c. TIME OF INJURY Haur a.m.	Month, Day, Year	1	JRY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)	, 20f. (City	ar tawn)	(Caunty)	(State)
	ME	p.m.	19	While at work	Nat While at wark	ar	(K)					
		21. I certify	thot (I) (this hospi	ital) attende	d the deceased	fram_	an Da 28,1	966 to	an 2	1967	, that (I)	(we) la
		saw the dece	ased alive an 1	2-67	19	and that	death accurred at	(330 M, Fran	n causes	and an the	date stat	ed above
9		22a. SIGNATURE	10 6	1			ATTENDING	MED.	STAFF _	22b. DATE	SIGNED	
		a.	n. Bar	, m. 2		M.D	PHYS.	DIRECTOR L	PHYS. L	1/4	161	
		22c. PHYSICIAN'S NAME (Type)	A. N. E	Barr,	M.D.		22d. ADDRESS Cris	sfield,	Mary	rla nd		
	230	BURIAL, CREMATION,	23b. DATE THER		23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATION	(City or To	wn) * (Ca	iunty)	(State)
	B	REMOVAL (Specify)	Jan. 4,	1967	Asbury (Cemet	ery	Crisfie	eld, N	ld.		
	24	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. RE	GISTRAR'S SIGN	ATURE	
	B	radshaw &	Sons, Cris	sfield.	Md.		DATE A	N 9 196	7 0	Charle	Qued	ap

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01305 CERTIFICATE OF DEATH 01302 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY Somerset Maryland Somerset MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town 15 Westover e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? McCready Memorial Hospital NO T Middle 4. DATE Year NAME OF Lost DECEASED Keyser 1967 Andrew Jan. Arthur DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years SEX 7. MARRIED NEVER MARRIED last birthdoy) Months Male White May 5, 1902 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY unu-Sa Farming 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give wor or dotes of service) Mrs. Betty Windsor, Crisfield. Md. 213-14-1571 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION Positiones Ceremen 3 YES 20h DESCRIBE HOW INJURY OFCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work 21. I certify that (I) (this hospital) attended the deceased fram //- 3 66 19 , ta 1 - 4 1967, that (1) _19_67, and that death accurred at _ _ _ M. fram causes and an the date stated abov saw the deceased alive on Tan 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S Coulbourn, M. D. Crisfield, Maryland NAME (Type)

OR ATTENDING PHYSICIAN: The low requires that the death signed by the buriol-tronsit far use as the k f Heolth priar tab certificate has been TO FUNERAL DIRECTOR: After this director, page 3 sho shauld be filed with TO HOSPITAL Page 4 may b

be executed within 24 haurs after death.

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23o. BURIAL, CREMATION, 23b. DATE THEREOF BUREMOVAL (Specify) Jan. 7, 1967 24. FUNERAL DIRECTOR

Bradshaw & Sons, Crisfield, Md.

23c. NAME OF CEMETERY OR CREMATORY Mariners Cemetery ADDRESS

25o. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Crisfield, Md.

25h. REGISTRAR'S SIGNATURE

(County)

(Stote)

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1 (M)	It	ems 18-2	21 Film 3 Division of STATIST	85 2-1	MARYLAND STA	TE DE	PARTMENT OF H 1 W. PRESTON STRI	EALTH EET, BALTIMORE,	MARYLAND	21201	
FOR STATE		01306		MED	ICAL EXAMIN	IER'S	CERTIFICATE O	F DEATH	0	1303	
HEALTH DEPT.		PLACE OF DEATH o. COUNTY	Somer	set	MAR	'LAND	2. USUAL RESIDENCE (where deceosed lived,	if institution: Re b. COUNTY	Some	
haurs after death. If Sury delay is ten-18. Give Pages 1, 2, and 3 ta office bong with farm PM3. Page and 2 with the State Department of event within 72 haurs after death.		write RURAL ond	f outside corporate limits I give nearest tawn) Pocomoke	S,	Lifeti		c. CITY OR TOWN (If or) Pocomo		give nearest t	own)
es 1, 2, farm farm fe Depo		d. NAME OF HOSPITA	AL DR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS RFD #1.			e. YE	IS RESIDENCE ON A FARM? S ND
after death. If Song with farm with the State Dewithin 72 haurs		NAME OF DECEASED (Type or print)	Fii JES	rst SSE	Middle ROBE	RT	Lost LEE	4. DATE OF DEATH	Month Jan.	Doy 14	Year 19 67
after 18. Give 2 with at within	S.	sex Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVDRCED		8. DATE OF BIRTH Tar. 27, 1	9. AGE (In lost bir 28		DER 1 YEAR I	Hours Min.
	10a. duri	USUAL OCCUPATION ng most of working Labor	(Give kind of work done lite, even if retired)	10b. KII IN In	nd of Business or Dustry arming		11. BIRTHPLACE (Stote	or foreign country)	1:	2. CITIZEN OF V	/HAT
d within 24 n pencil in Examiner's File pages and in any	13.	FATHER'S NAME Elwoo	d Lee				Nellie K				
executed value in Medical Extension in Medical Extension in the permit. Firemandl, are	IS. (Ye	WAS DECEASED EVE s, no, ar unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16. S	OCIAL SECURITY NO.		informant ellie Kers	ey Lee	MMD #	1, Box oke, I	102
I be executed "inpending" in the Medical Family family family.		18. CAUSE OF DE	ATH (Enter only ane cau IH WAS CAUSED BY: IMMEDIATE CAUSE	(o)	(a), (b), ond (c).) Acute alc					INTER	VAL BETWEEN AND DEATH
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages nt, priar to burial, cremation, ar removal, and in any		Conditions, if ony, rise to immediate stating the under	e couse (o),	(b)							
certificate sh , writing the arwarded ta used as a bu burial, crema	NO	last.),	(c)ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART	T 1(o)	PE	AS AUTOPSY REDRMED?
ertificate, audd be fa priar ta l	CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.			o injury.	CURRED.	(Enter nature of injury in	Part I or Port II of iter	m 18.)	YES	ĭ ND [
EXAMINER: T cute the certificage 4 shauld by your files. Page 3 should	MEDICAL		10		JURY OCCURRED Not While	20e. PLA foct	CE OF INJURY (Home, form	n, 20f. (City or	town)	(County)	(Stote)
the coast of the c			y that I took charge	e af the rem			ld an Autapsy 🔀,	Inspection,			n my apinio
please please al director retainer L DIREC		ACTUAL SIGNATURE	CH.	1	wley		CHIEF MEDICAL			22.	DATE SIGNED
TO DEPUTY MISC.AL EXAMII necessary, please execute the the funeral directar. Page 4 s 5 may be retained for your f TO FUNERAL DIRECTOR: Page 3 Health ar its designated agen		EXAMINER'S NAME (Type)	C. G. R				Address (Stree	AL EXAMINER (X) t, city, town, or county) Cr	/17/67 isfiel	d, Md
To the the S rule Hec		REMOVAL (Specify	1/19/		23c. NAME OF CEMI		netery	Pocomo	ke	(County)	(Stote) Md.
VR A15ME (5)		. FUNERAL DIRECTO harton	& Savage	Ne	ADDRESS w Church	, Va		D BY REGISTRAR	2Sb. REGISTRA	arles &	udge

MAKTLAND	STATE DEPARTMENT	Ur HEALIN
DIVISION OF VITAL RECORDS, 3	W. PRESTON STREET	, BALTIMORE, MARYLAND 2120

01307		CERTIFICATE	OF DEATH		013	04
1. PLACE OF DEATH o. COUNTY Somers	et	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if in land b.		efore admission) nerset
b. CITY OR TOWN (If outside carparate write RURAL and give nearest tawn Crisfield	1	ENGTH OF STAY IN 16		tside corporate limits, wri sfield	te RURAL ond give ned	9.1
d. NAME OF HOSPITAL OR INSTITUTION McCready Memor	,		d. STREET ADDRESS	ton Avenue		e. IS RESIDENCE ON A FARM? YES NO
	ulia	Middle A •	Marshall	4. DATE OF DEATH		5 19 67
s. SEX Female 6. COLOR OR RAC White	7. MARRIED WIDOWED	THE PER INSTITUTE .	B. DATE OF BIRTH May 28, 189	9. AGE (In year)	ars IF UNDER 1 YEA ay) Months Day yrs.	
10a. USUAL OCCUPATION (Give kind af wark during most of working life, even if retired)	done 10b. KIND OF NONE	BUSINESS OR	Tangier, V		12. CITIZEN COUNTR USA	
John D. Crockett			14. MOTHER'S MAIDEN M Evelyn Tho			
1S. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no, ar unknawn) (If yes give war ar a None	RCES? 16. SOCIA lates af service)		nformant lfred Sparre	ow, Same as	Address 2. abcd a	ibove
1B. CAUSE OF DEATH (Enter only of PART I. DEATH, WAS CAUSED BY IMMEDIATE (Conditions, if any, which gave rise to immediate cause (a),	:	icule la	y ellem	a - bitation		ONSET AND DEATH Minutes
stating the underlying cause	DUE TO (c)	Tuyo care	tilis or	bronie		yrı-
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1((a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		E HOW INJURY OCCURREO.	(Enter nature of injury in I	Port I or Port II of item 1	B.)	
20c. TIME OF INJURY Manth, Doy, Y Hour a.m. p.m.	ear 20d. INJURY While at work		CE OF INJURY (Home, farm ary, street, affice bldg., etc.)		vn) (Caunty)	(State)
21. I certify that (1) (this saw the deceased alive of		the deceased fram 19, ond that	, 1 t deoth occurred at			that (1) (we) lastate stated above
220. SIGNATURE	Rawley	м.г	711101	MED. STAFF DIRECTOR PHYS.	22b. DATE S	IGNED
22c. PHYSICIAN'S NAME (Type) C. G.	Rawley		22d. ADDRESS	crisfield,	Marylan	ıd
DEMOVAL (Specify)		c. NAME OF CEMETERY OR Cylerton Cem		23d. LOCATION (City Tylerton,		inty) (State)
24. FUNERAL DIRECTOR Bradshaw & Sons.		ADDRESS	2Sa. REC'C	BY REGISTRAR 196	REGISTRATE SIGNA	THE Judge

executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Frand Shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifing Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOF	RE 1, MARYLAND
01308 CERTIFICATE OF DEATH	01305
1. PLACE OF DEATH a. COUNTY SOMERSET ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, If Inst a. STATE D. COUNT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield Life c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life 116 S. 4th St.	te RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) At Home Crisfield Md.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) GEORGE R. MOORE DEATH Jan.	Day Year 18 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 1 last birthday) 0 0 0 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND DF BUSINESS OR INDUSTRY Seafood Crisfield Md. 13. FATHER'S NAME	12. CITIZEN OF WHAT COUNTRY?
William Moore Susan Parker	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Ella D. Moore Crist.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL (NFARCTION) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO WITH PASSIVE CONCESTION	INTERVAL BETWEEN ONSET AND DEATH FEW MIN.
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of OR CONTRIBUTING ACCIDENT WAS UNDERLYING 10c. DESCRIBE HOW INJURY OCCURRED.	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or town) While at work	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from 9/12/, 1954, to 1/18 saw the deceased alive on 1/16 1967, and that death occurred at 22a. SIGNATURE	_, 19 6 7, that (I) (we) last and on the date stated above 22b. DATE SIGNED
22c, PHYSICIAN'S NAME (Type) A. N. BARR, M.D. ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR DIRECTOR PHYS. CRISFIELD, M.D. CRISFIELD, M.D.	1/21/67
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town Removal (Specify) Burial 1/22/67 Asbury Crisfield	MD
24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, RE	GISTRAR'S SIGNATURE

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_1		Division of STATIS	MAR'	YLAND STATE DE ARCH AND RECORDS	PARTMENT OF S. 301 W. PRESTOI	HEALTH	IORF 1 MARYI	AND
FOR STATE				EXAMINER'S	CERTIFICAT			1306
ALTH DEPT.	1.	PLACE OF DEATH a. COUNTY Somerset	J Lim	MARYLAND	a. STATE	Where deceased lived, I	If Institution: Resident COUNTY Somers	
artment r death.		b. CITY OR TOWN (if outside corpo write RURAL and give nearest t	rate limits, own)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporete limits	s, write RURAL and	give nearest town)
State Department hours after death		Rural (Kingston) d. NAME OF HOSPITAL OR INSTITUT	ION (If not in h	Life ospital, give street eddress)	d. STREET ADDRESS	n Wa's		e. IS RESIDENCE ON A FARM? YES NO XX
M3 72	3.	NAME OF DECEASED (Type or print) Ver	First	Middle Wright Sh	Last nocklev	4. DATE NO DE DEATH	Month Da	The second secon
2 with	5.	SEX 6. COLOR OR RAC f COL	- 1		8. DATE OF BIRTH	34 9. AGE (In ye lest birthd	eara IFUNDER 1 YEA lay) Months Days	AR IF UNDER 24 HRS.
any event	our	usual occupation (Give kind of woing most of working life, even if retile aborer	rkdone 10b. K red) If	IND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEI COUNTI U S	N OF WHAT
7 4 g =	13.	FATHER'S NAME Brice Wright			14. MOTHER'S MAID	en name a Brown		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED s, no, or unkown) (If yes give war or date	FORCES? 16.		Mother	Ad	ddress	No.
Medical Examiner's O urial-transit permit. I emation, or removal,		18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSED IMMEDIATE CAUS		17=28=2536 ne for (a), (b), end (c).1 eralized met		Wright, Ki rcinoma of		TERVAL BETWEEN NSET AND DEATH MONTHS
should be forwarded to the Unier Medical Exal files. 108: Page 3 should be used as a burial-transit lesignated agent, prior to burial, cremation, or lesignated agent, prior to burial, crematical agent, prior to		Conditions, if eny, which geve rise to immediate	E TO (b)			cervix		
is a bu		ceuse (a), stating the underlying cause last.	(c)					
used as a to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDI					, I	PERFORMED? YES NO X
3 should be agent, prior		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury In Part I or Part	II of Item 18.)	
d agen	MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m. p.m. 1	While	Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town	n) (County)	(State)
CTOR: Page designated		21. I certify that I took char death resulted from: Natur	ge of the rem		ld an Autopsy [], icide []. Homici	_	Inquiry , ar	nd In my opinion
your IREC its d		ACTUAL SIGNATURE	al causes [Will W	CHIEF MEDICAL			22. DATE SIGNED
rector. Pagestained for FUNERAL D			Sutter	MD		AL EXAMINER (x, city, town, or county)	Somerse	t 1-27-6
director. retained TO FUNER of Health	23a	REMOVAL (Specify)		House of 2	r or crematory	23d. LOCATION (CIT	y, town or county)	(State)
R A15ME (5)	24.	FUNERAL DIRECTOR 1-29 Anthony E Wa		ADDRESS		3 0 1967	Clarles &	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ IVI	01310	CERTIFICATE	OF DEATH	01307
by the funeral Pages 1 and 2 nours after death	PLACE OF DEATH a. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased li	ved, if institution: Residence befare admission) b. COUNTY Somerset
Pages ours afte	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 5 Days	c. CITY OR TOWN (If autside corporate lin Crisfield,	nits, write RURAL and give neorest town)
pers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gir McCready Memorial Hosp		d. STREET ADDRESS 9 Cove Stre	e. IS RESIDENCE ON A FARM? YES ☐ NO
bon po withir	B. NAME OF First DECEASED	Middle C	Lost 4. DATE OF Spires DEATH	Month Day Year Jan. 31 1967
somplet nove car ny event	(Type or print) Charle Charle Charle Charle Charle 7. Married Wildowed Wildowed	NEVER MARRIED B	DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS thirthday) Manths Days Haurs Min.
ion ond ose ren	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County & State, or foreign Elizabeth City)	tountry) 12. CITIZEN OF WHAT
on ple	13. FATHER'S NAME		Mollie Barnes	
rmit. The	Charlie Spires 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. Si	ocial second in the	ie Spires, Cris	Address Md.
hos been signed by the offending physicion and completely filled in by the fur se as the burial-transit permit. Then please remove carbon papers. Pages 1 h prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.	18. CAUSE OF DEATH (Enter only one cause per line for (PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove is to immediate cause (a), stating the underlying cause lost. COUNTY TO	Sobar In	reumonia -	INTERVAL BETWEEN ONSET AND DEATH FILE CO. 19.
certificate has been hed for use as the st. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDE		HE TERMINAL DISEASE CONDITION GIVEN IN Enter nature of injury in Part 1 or Part 11 o	YES NO
+	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 at wark	Not While facto	E OF INJURY (Home, farm, pry, street, office bldg., etc.)	ty or town) (County) (State)
4	21. I certify that (I) (this haspital) attend saw the deceased alive an 1/31/6	ed the deceased fram 719, and that	death accurred at 2; 25, fr	Dan 31, 1967, that (I) (we) lo box causes and an the date stated above
director, page 3 should should be filed with the	22a. SIGNATURE	wley M.D	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS. 22b. DATE SIGNED
o FUNERAL I	22c. PHYSICIAN'S NAME (Type) C. G. Rawley,		Crisfiel	d, Maryland
directo	236. BURIAL (REMATION, PREMOVAL (Specify) Feb. 2, 1967	23c. NAME OF CEMETERY OR C		ON (City or Town) (County) Material ield, Somerset Co.
5 (4)	24 EUNERAL DIRECTOR Lenner	ADDRESS Crisfield		1967 Johnston Judge

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